



General Assembly

January Session, 2015

Committee Bill No. 24

LCO No. 5167



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT REQUIRING THE PROVISION OF CERTAIN INFORMATION
CONCERNING HEALTH INSURANCE POLICY BENEFITS AND
REQUIRING THE INSURANCE COMMISSIONER TO EVALUATE
INSURERS' COMPLIANCE WITH THE AFFORDABLE CARE ACT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2016*) (a) Each insurer, health
2 care center, hospital service corporation, medical service corporation,
3 fraternal benefit society or other entity that delivers, issues for
4 delivery, renews, amends or continues a health insurance policy
5 providing coverage of the type specified in subdivisions (1), (2), (4),
6 (11) and (12) of section 38a-469 of the general statutes delivered, issued
7 for delivery, renewed, amended or continued in this state, shall:

8 (1) Make available to consumers, in an easily readable and
9 understandable format, the following information for each such policy:
10 (A) Any coverage exclusions; (B) any restrictions on the use or quantity
11 of a covered benefit, including on prescription drugs or drugs
12 administered in a physician's office or a clinic; (C) a specific
13 description of how prescription drugs are included or excluded from
14 any applicable deductible, including a description of other out-of-

15 pocket expenses that apply to such drugs; and (D) the specific dollar
16 amount of any copayment and the percentage of any coinsurance
17 imposed on each covered benefit, including each covered prescription
18 drug;

19 (2) Make available to consumers a way to determine accurately (A)
20 whether a specific prescription drug is available under such policy's
21 drug formulary; (B) the coinsurance, copayment, deductible or other
22 out-of-pocket expense applicable to such drug; (C) whether such drug
23 is covered when dispensed by a physician or a clinic; (D) whether such
24 drug requires preauthorization or the use of step therapy; (E) whether
25 specific types of health care specialists are in-network; and (F) whether
26 a specific health care provider or hospital is in-network.

27 (b) (1) Each insurer, health care center, hospital service corporation,
28 medical service corporation, fraternal benefit society or other entity
29 shall make the information required under subsection (a) of this
30 section available to consumers at the time of enrollment and shall post
31 such information on its Internet web site.

32 (2) The Connecticut Health Insurance Exchange, established
33 pursuant to section 38a-1081 of the general statutes, shall post links on
34 its Internet web site to such information for each qualified health plan
35 that is offered or sold through the exchange.

36 (c) The Insurance Commissioner shall post links on its Internet web
37 site to any on-line tools or calculators to help consumers compare and
38 evaluate health insurance policies and plans.

39 Sec. 2. Section 38a-591 of the general statutes is repealed and the
40 following is substituted in lieu thereof (*Effective January 1, 2016*):

41 (a) For purposes of this section, "Affordable Care Act" means the
42 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
43 from time to time, and regulations adopted thereunder.

44 (b) Each insurance company, fraternal benefit society, hospital

45 service corporation, medical service corporation and health care center
46 licensed to do business in the state shall comply with Sections 1251,
47 1252 and 1304 of the Affordable Care Act and the following Sections of
48 the Public Health Service Act, as amended by the Affordable Care Act:
49 (1) 2701 to 2709, inclusive, 42 USC 300gg et seq.; (2) 2711 to 2719A,
50 inclusive, 42 USC 300gg-11 et seq.; and (3) 2794, 42 USC 300gg-94.

51 (c) This section shall apply, on and after the effective dates specified
52 in the Affordable Care Act, to insurance companies, fraternal benefit
53 societies, hospital service corporations, medical service corporations
54 and health care centers licensed to do business in the state.

55 (d) No provision of the general statutes concerning a requirement of
56 the Affordable Care Act shall be construed to supersede a provision of
57 the general statutes that provides greater protection to an insured,
58 except to the extent the latter prevents the application of a requirement
59 of the Affordable Care Act.

60 (e) (1) The Insurance Commissioner shall evaluate whether
61 insurance companies, fraternal benefit societies, hospital service
62 corporations, medical service corporations and health care centers
63 subject to the Affordable Care Act are in compliance with the
64 requirements under said act, including, but not limited to, the
65 prohibition against discriminatory benefit designs. Any such company,
66 society, corporation or center shall submit to the commissioner, upon
67 request, the following information for a specific health insurance
68 policy or plan: (A) The benefits covered under each of the categories of
69 the essential health benefits package, as defined by the Secretary of
70 Health and Human Services; (B) any coverage exclusions or
71 restrictions on covered benefits, including under the prescription drug
72 benefit; (C) any drug formulary used, the tier structure of such
73 formulary and a list of each prescription drug on such formulary and
74 its tier placement; (D) any applicable coinsurance, copayment,
75 deductible or other out-of-pocket expenses for each covered benefit;
76 and (E) any other information the commissioner deems necessary to
77 evaluate such company, society, corporation or center.

78 (2) The commissioner shall report annually to the joint standing
79 committee of the General Assembly having cognizance of matters
80 relating to insurance on any insurance company, fraternal benefit
81 society, hospital service corporation, medical service corporation or
82 health care center evaluated pursuant to subdivision (1) of this section
83 in the preceding year and the findings of such evaluation.

84 [(e)] (f) The Insurance Commissioner may adopt regulations, in
85 accordance with the provisions of chapter 54, to implement the
86 provisions of this section.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>January 1, 2016</i> | New section |
| Sec. 2 | <i>January 1, 2016</i> | 38a-591 |

INS *Joint Favorable*